Centers for Primary Health Care SFY05 Annual Report

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Serving the Uninsured and Underinsured
Statistical Report on New Jersey Department of Health and Senior Services Uncompensated Primary Care Program For State Fiscal Year 2005

June 2006

During State Fiscal Year (SFY) 2005, the Department of Health and Senior Services (DHSS) began to reap the benefits of its multiple investments in New Jersey's Centers for Primary Health Care (CPHC). In 2004, these investments included grants to establish new delivery sites, or new access points, and to expand the capacity of existing CPHCs by instituting extended clinical service hours, adding new staff or renovating outmoded facilities. New access points that became operational in State Fiscal Year 2005 include:

- Monmouth Health Center at Long Branch (Monmouth County)
- Dover Community Clinic at Dover (Morris County)
- Newark community Health Centers' Irvington Health Center (Essex County)
- North Hudson Community Action Corporation's Passaic Health Center (Passaic County)
- North Hudson Community Action Corporation's Hoboken Health Center (Hudson County),
- Northwest New Jersey Community Action Program's Newton Dental Center (Sussex County), and
- Southern Jersey Family Medical Center at New Lisbon, (Burlington County)

The Newton Dental Center is particularly notable in its restoration of lost dental capacity aimed at low income persons following the closure of the area's only dental clinic formerly staffed by the University of Medicine and Dentistry of New Jersey through a contractual arrangement with a local community group. It also represents partial fulfillment of the Department's strategy to establish new access points in areas identified by the Secretary of the U.S. Department of Health and Human Services as Medically Underserved Areas (MUA) and where no federally qualified health center existed.

SFY 2005 CPHC Patient Visits

During SFY 2005, uninsured patient visits to CPHC totaled 302,017, an increase of 52.8 percent over SFY 2004. The New Jersey Health Care Subsidy Fund covered the cost of 226,874 of these uninsured visits, an increase of 28.6 percent over the previous year. Through a Letter of Agreement (LOA) between CPHCs and the DHSS, CPHCs are reimbursed for a share of eligible, uninsured patient visits, hereafter referred to as LOA visits.

In SFY 2002 only ten CPHCs participated in the Uncompensated Primary Care Program; these centers were reimbursed for 122,117 uninsured visits. In SFYs 2003 and 2004, the number of delivery sites and patients increased, and the number of reimbursed visits grew to 145,131 and 176,401 visits, respectively. SFY 2005 growth represents the sharpest increase in three years, at 28.6 percent. Growth rates for SFYs 2003 and 2004 were also impressive at 18.8 percent and 21.5 percent, respectively.

Table 1 and Figure 1 present comparative data of total uninsured patient visits and patient visits reimbursed by the Uncompensated Primary Care Program for SFYs 2004 and 2005.

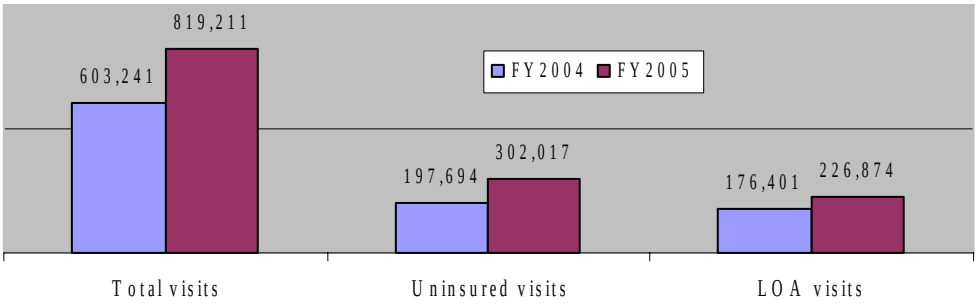
Table 1

	SFY 2004	SFY 2005	% Increase
Total Visits	603,241	819,211	35.8
Uninsured Visits	197,694	302,017	52.8
LOA Visits	176,401	226,874	28.6

In SFY 2005 total patients were 218,547 and uninsured patients were 100,870. The average number of visits per year for all patients was 3.7; for uninsured patients, the average number of visits was 3.0.

Figure 1

Comparison of Visits
SFY2004 vs. SFY2005



SFY 2004 data includes 13 CPHCs.
SFY 2005 data includes 16 CPHCs

One of the hallmarks of the CPHCs is an emphasis on comprehensive and preventive health care. The federal Bureau of Primary Health Care requires that FQHCs and FQHC Look-alikes, which comprise the vast majority of New Jersey's CPHCs, deliver comprehensive primary care and enabling services on a continuing basis. The model of care CPHCs provide is premised on a patient selecting the CPHC to serve as a medical "home" and in so doing, regularly visiting his/her primary care provider for preventive and health maintenance services. This approach stands in contrast to episodic acute care where the main objective is to treat the acute condition(s) presented by the patient at the time.

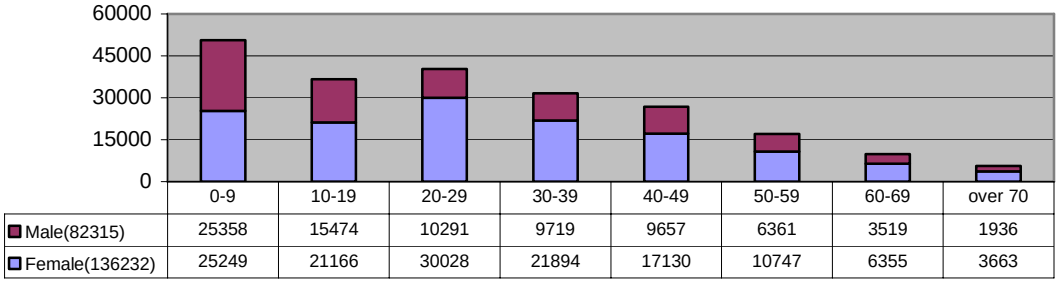
CPHC Patients by Age and Gender

Figure 2 reflects the distribution for all patients by age and gender. Familiar patterns are in evidence here. Age and gender distributions for CPHCs are roughly comparable to the average community health center nationwide. The vast majority of patients are female and under 19. Females represent 62 percent of total patients while children (0-19 years) represent 39.9 percent of total patients. For the age group 0-9 years, the percentage of male and female patients is nearly equal; however, after age of 20 years the difference in percentage by gender widens sharply. For the age group 20-29 years, the largest adult group, females exceed males by a ratio of 2.9 to 1. Elderly patients are under-represented compared to the general population. The number of New Jerseyans over 60 years of age is approximately 17 percent

of the general population based on census 2000 data, while the number of CPHC patients over 60 years of age was 7 percent of total patients.

Figure 2

Total Users by Gender/Age
SFY2005



	0-9	10-19	20-29	30-39	40-49	50-59	60-69	over 70
Male(82315)	25358	15474	10291	9719	9657	6361	3519	1936
Female(136232)	25249	21166	30028	21894	17130	10747	6355	3663

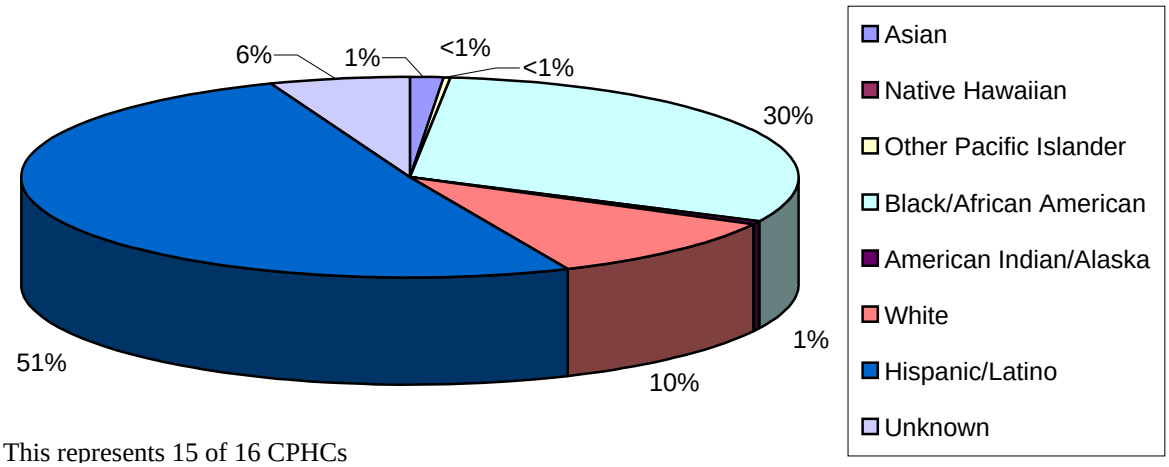
This represents 15 of 16 CPHCs.

CPHC Patients by Ethnicity

Patients by ethnicity underscore the rise in the State's Latino population over the past three decades. Relatively low wages, formidable barriers to gainful employment and a lack of health insurance has placed large numbers of this ethnic group at risk for poor health outcomes. In the northern part of New Jersey, Latinos are concentrated in Essex, Hudson and Union counties while in southern New Jersey Latinos are concentrated in parts of Camden, Salem, Cumberland and Atlantic counties. Figures 3 and 4 reflect CPHC patients by ethnicity. Latinos were the largest ethnic group served at 51 percent, followed by African Americans at 30 percent. The two groups together comprised 81 percent of total patients.

Figure 3

Total Patients by Ethnicity
SFY2005

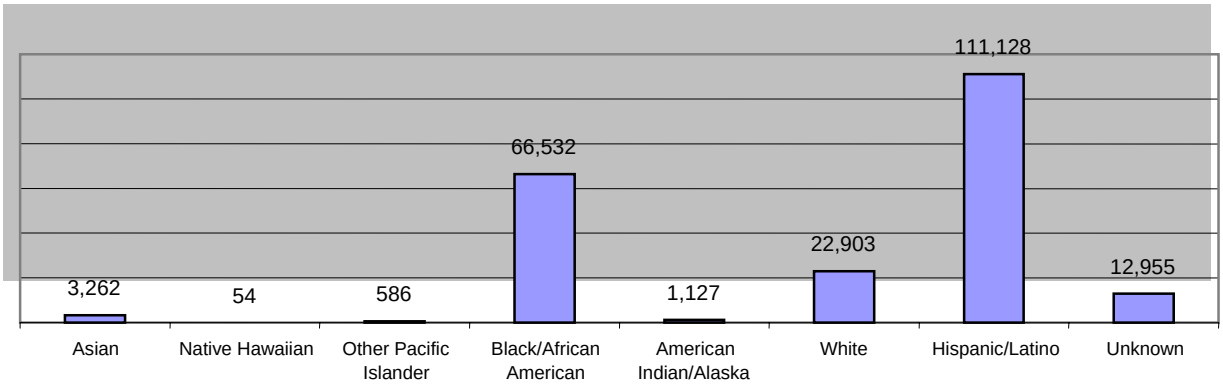


This represents 15 of 16 CPHCs

Figure 4

Total Patients by Ethnicity

SFY2005



This represents 15 of 16 CPHCs.

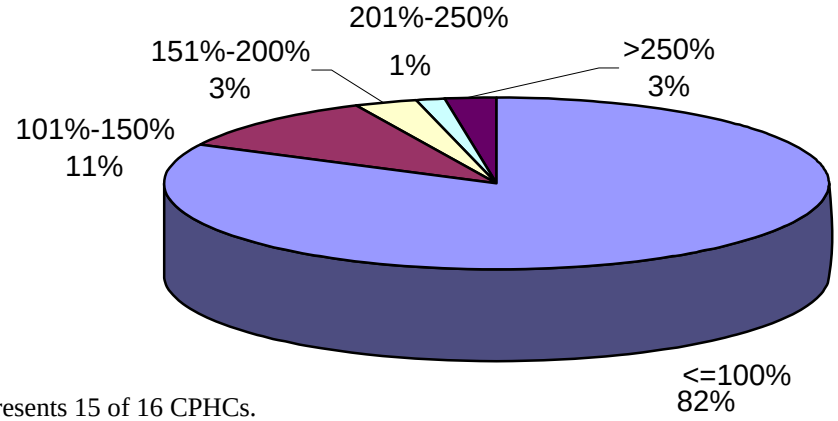
CPHC Patients by Poverty Level

Figures 5 and 6 indicate that New Jersey's CPHCs are, indeed, carrying out their mission to serve the economically vulnerable. In 2005, 82 percent of patient visits were by persons with incomes equal to or less than 100 percent of the Federal Poverty Level (FPL). When people with poverty income levels below 150 percent are grouped, the percentage of low income visits rises to 93 percent. Only three percent of all visits were to persons with income levels above 250 percent of poverty.

Figure 5

Total Visits by Poverty Level

SFY2005

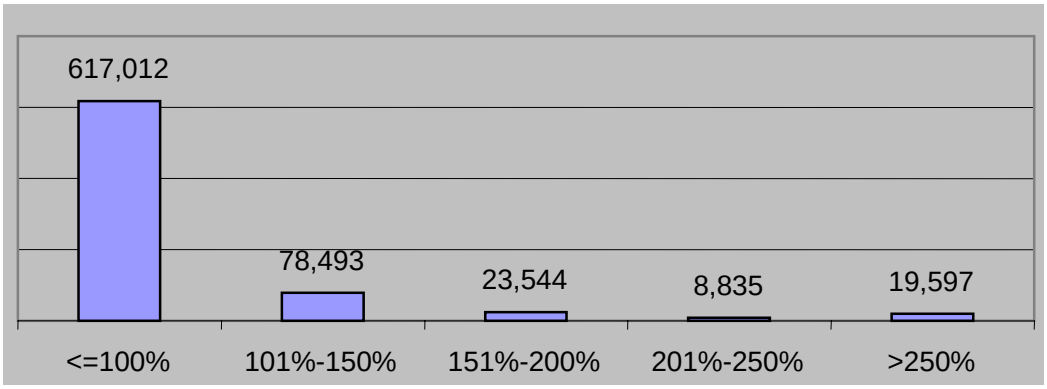


This represents 15 of 16 CPHCs.

Figure 6

Total Visits by Poverty Level

SFY2005



This represents 15 of 16 CPHCs.

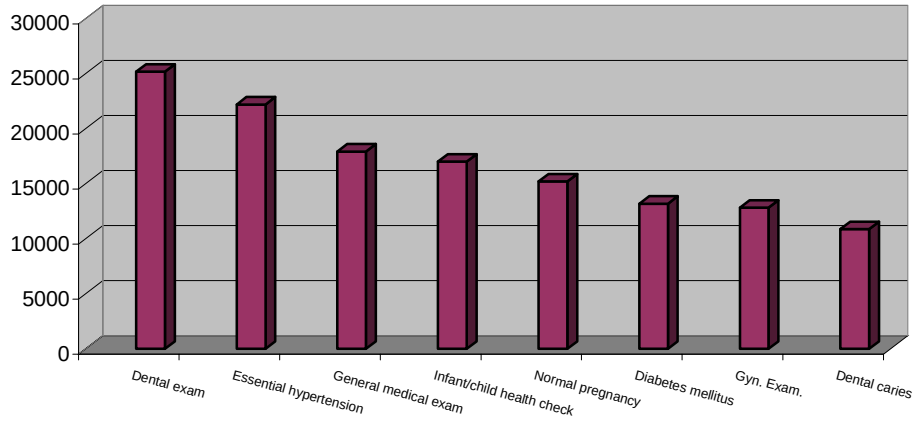
Patient Visit Diagnosis

Figures 7 and 8 present the eight most frequent diagnoses for uninsured visits and LOA visits during SFY 2005. Clearly, the Uncompensated Primary Care Program played a significant role in addressing unmet dental care needs of the uninsured and underinsured populations. The high number of patients who sought dental care is a reflection of the dearth of dentists who provided care to the uninsured and underinsured through the use of a sliding fee scale. These populations, statewide, have few alternative sources of dental care.

Figure 7

Top Eight Diagnoses, Uninsured Visits

SFY2005

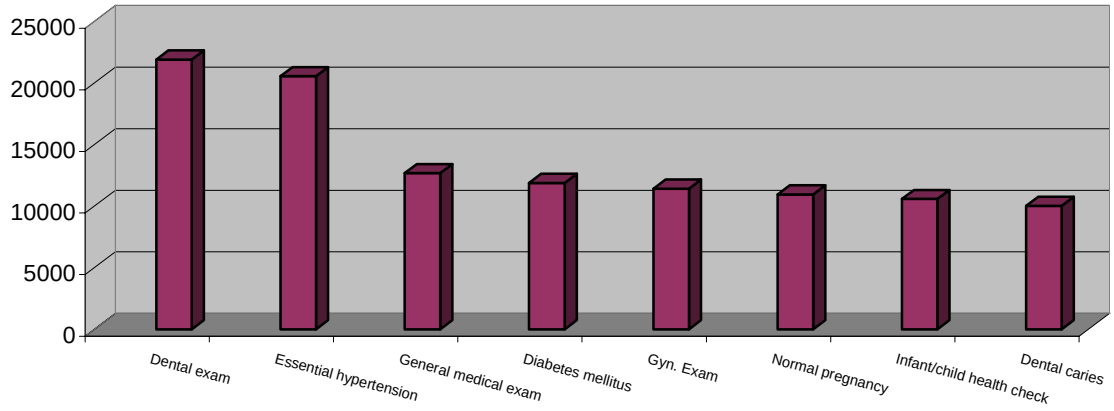


This represents 15 of 16 CPHCs

Diagnosis	No. of Visits
Dental Exam	25,159
Essential hypertension	22,182
General medical exam	17,907
Infant/child health check	16,991
Normal pregnancy	15,197
Diabetes Mellitus	13,172
Gynecologic exam	12,812
Dental caries	10,852

Figure 8

Top Eight Diagnoses, LOA Visits
SFY2005



This represents 15 of 16 CPHCs

Diagnosis	No. of Visits
Dental Exam	21,922
Essential hypertension	20,557
General medical exam	12,682
Diabetes mellitus	11,901
Gynecologic exam	11,434
Normal pregnancy	10,952
Infant/child health check	10,584
Dental caries	10,021

Other leading diagnoses include hypertension, diabetes and well-child examinations. Hypertension and diabetes are well-known diseases with significant race/ethnic health disparities that have been targeted for improvement at both the State and federal levels. Healthy New Jersey 2010 cites as an objective the reduction of the age-adjusted mortality rate for diabetes per 100,000 standard populations. The targets for White, Black and Hispanic populations are 18.4, 24.5 and 18.4 respectively. Trends over five years for these sub-populations were as follows:

Mortality Rates from Diabetes

	White	Black	Hispanic
1999	25.4	53.8	28.7
2000	25.7	54.3	29.2
2001	25.4	59.0	31.7
2002	25.5	51.9	27.0
2003	24.2	55.4	31.9

Several of the larger CPHCs served a sizable number of diabetic patients. These centers also had large percentages of Latino and African American patients. For example, North Hudson Community Action Corporation Health Center served 794 diabetic, LOA patients and had a LOA population with 87 percent Latino; Community Health Care served 541 diabetic, LOA patients and had a LOA population with 66 percent Latino and 14 percent African American; and CAMcare Health Corporation served 419 diabetic, LOA patients and had a LOA population with 44 percent Hispanic and 40 percent African American.

Visits by center for asthma, pregnancy, and PAP smears are shown in Figures 9, 10 and 11. In Healthy New Jersey 2010, the Department has set goals for the reduction of asthma-related hospitalizations, infant mortality and cervical cancer.

Figure 9

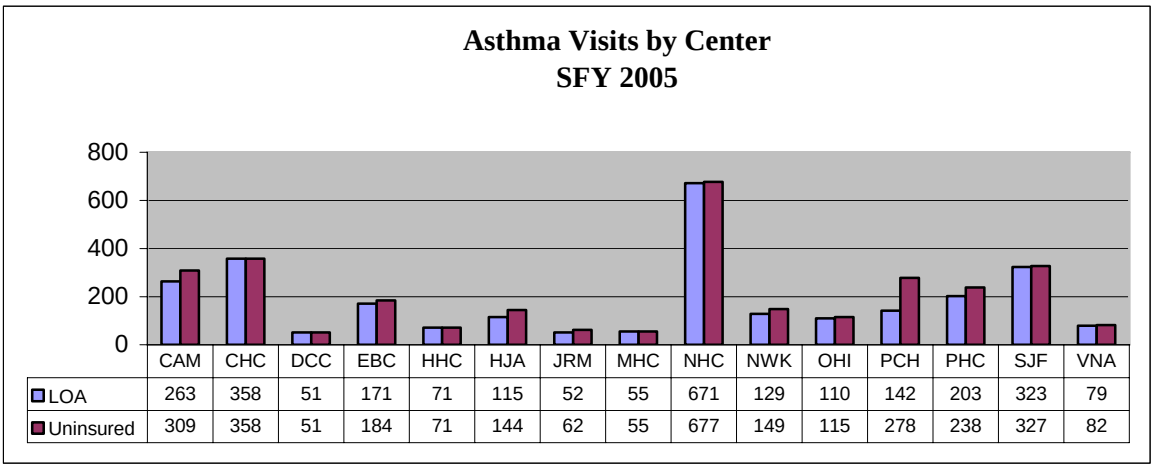
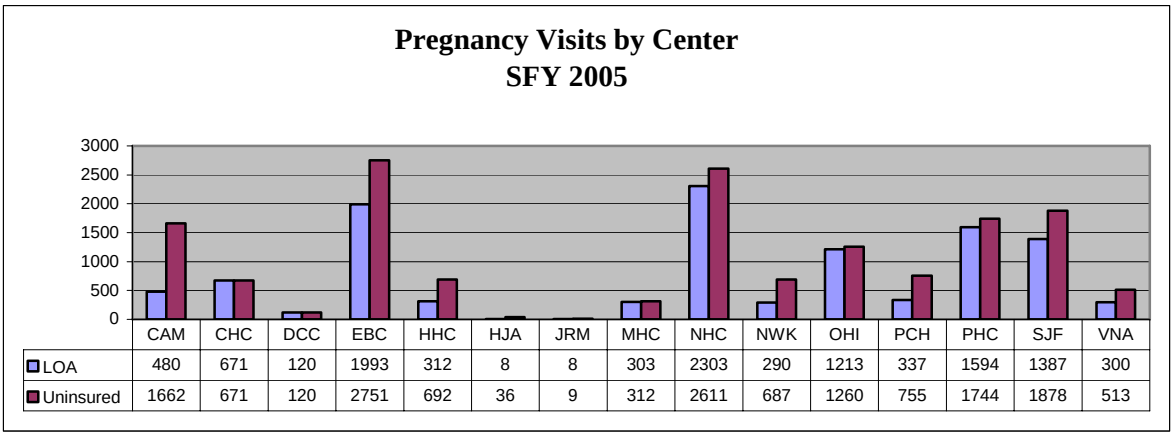
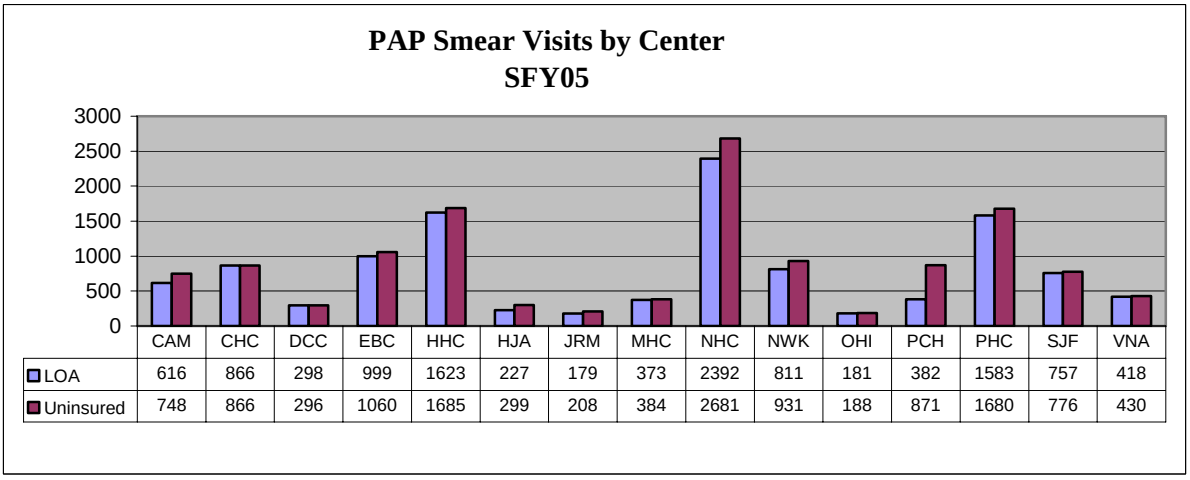


Figure 10



	CAM	CHC	DCC	EBC	HHC	HJA	JRM	MHC	NHC	NWK	OHI	PCH	PHC	SJF	VNA
LOA	480	671	120	1993	312	8	8	303	2303	290	1213	337	1594	1387	300
Uninsured	1662	671	120	2751	692	36	9	312	2611	687	1260	755	1744	1878	513

Figure 11



	CAM	CHC	DCC	EBC	HHC	HJA	JRM	MHC	NHC	NWK	OHI	PCH	PHC	SJF	VNA
LOA	616	866	298	999	1623	227	179	373	2392	811	181	382	1583	757	418
Uninsured	748	866	296	1060	1685	299	208	384	2681	931	188	871	1680	776	430

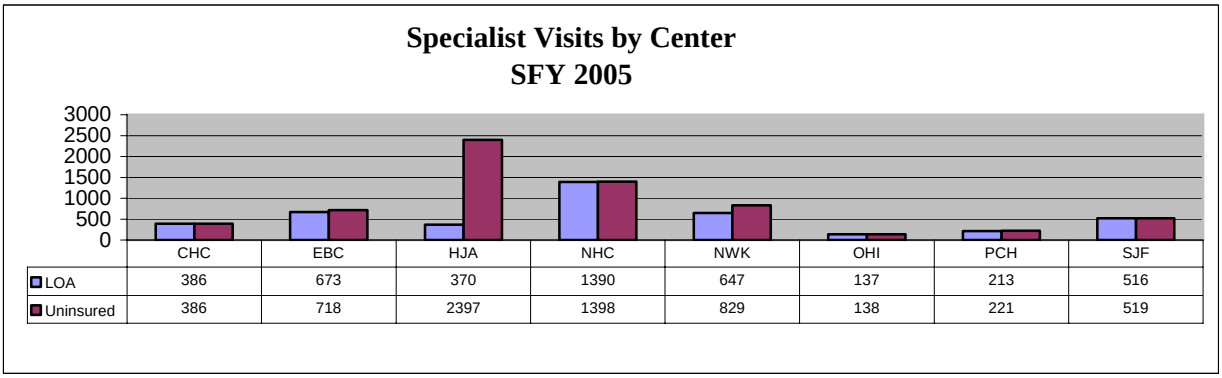
The pregnancy graph reflects the large number of visits the Department reimburses for prenatal care. These visits have a direct bearing on pregnancy outcomes and are especially important in preventing pre-term labor, low birth weight delivery and infant mortality. Uninsured, low income pregnant women are initially qualified under the New Jersey Supplemental Prenatal Care Program (a Medicaid program). Only after these funds are exhausted may LOA agencies bill the Department for uninsured prenatal visits.

The data on PAP smears underscores the significant role the Uncompensated Primary Care Program played in providing access to cervical cancer screening. In addition, the New Jersey Cancer Education and Early Detection (NJCEED) program reimburses physician specialist services for low income men and women in the areas of breast, cervical, prostate and colorectal cancer detection under certain conditions. Healthy New Jersey 2010 data indicates that Hispanic women 18 and over in 2003 are approximately six percentage points below the target (85.0) and approximately 11 percentage points below the preferred target for having received a PAP test within the past two years.

Uninsured Specialty Visits Covered by the Program

In addition to core primary care services such as prenatal, pediatric and adult health care the Uncompensated Primary Care Program reimburses CPHCs for care provided by eligible physician specialists. In so doing the spectrum of care is extended to include more complicated diagnoses. Figure 12 presents the number of specialist visits covered under the Uncompensated Primary Care Program by center in SFY 2005.

Figure 12



	CHC	EBC	HJA	NHC	NWK	OHI	PCH	SJF
LOA	386	673	370	1390	647	137	213	516
Uninsured	386	718	2397	1398	829	138	221	519

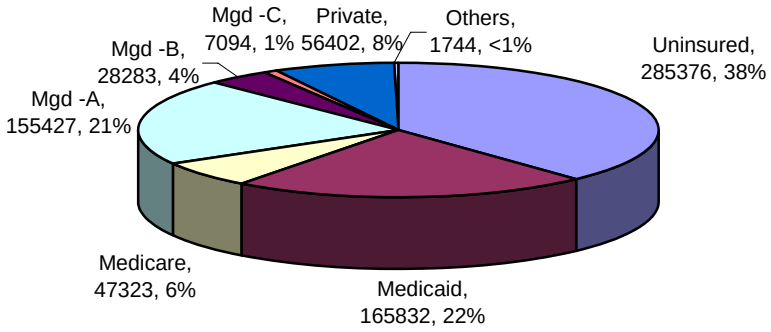
North Hudson CAC Health Center, Newark Community Health Centers, Eric B. Chandler Health Center and Southern Jersey Family Medical Centers each provided over 500 LOA specialist visits.

CPHC Patients by Insurance Coverage

Figure 13 reflects the distribution of visits by payor source. At 48 percent, Medicaid (combined Mgd-A, Mgd-B, Mgd-C) was the leading payor category. Uninsured visits were the second highest category of visits at 38 percent. Medicare and private insurance completed the balance of visits at 14 percent. According to the Kaiser Commission on Medicaid and the Uninsured, since 2000 the number of uninsured Americans under 65 increased significantly, driven largely by continuing declines in employer-sponsored health insurance. While increases in the State Children's Health Insurance Program and Medicaid offset, to some extent, employer-sponsored declines for low income children, the situation for adults remains problematic. For the State of New Jersey, data from Current Population Survey conducted by Bureau of the Census indicates that the uninsured number for non-elderly adults (aged 19-64) increased by 9% from 953,370 in 2002 to 1,036.697 in 2004, and it increased by 18% from 227,609 in 2002 to 269,256 in 2004 for the children under 19.

Figure 13

Total Visits by Payor Type
SFY 2005



This represents 15 of 16 CPHCs.
Mgd-A, Mgd-B, and Mgd-C represent separate Medicaid managed care plans.

Reimbursement to CPHCs for Uninsured Care

During SFY 2005, New Jersey CPHCs were reimbursed $19,509,794. This reimbursement included visits that were ultimately found to be ineligible for Medicaid reimbursement under Medicaid denial codes 301, 305 and 875 and takes into account baseline deductions for CPHCs who received federal grants. Centers including Henry J. Austin, Newark, Paterson, Southern Jersey and CAMcare had sizable baseline deductions.

Table 2 shows the uninsured visits by CPHC. North Hudson CAC Health Center had the largest number of LOA visits (53,074) followed by Plainfield Health Center (25,470), CAMcare Health Corporation (24,829) and Community Health Care Inc. (20,236). Each of these centers had uninsured visits equaling or exceeding 30 percent of total visits. For North Hudson and Plainfield the percent of uninsured visits was 42 percent and 40 percent, respectively.

The middle tier of centers by volume of LOA visits included Southern Jersey Family Medical Centers (17,961), Eric B. Chandler Health Center (17,689), Newark Community Health Centers (14,214), Paterson Community Health Center (12,554) and Henry J. Austin Health Center (9,038).

The numbers in parenthesis reflect the percentage of total LOA visits over total uninsured visits, ranging from 50% to 100%. CAMcare's totals for uninsured visits and LOA visits were 30,964 and 24,829, respectively. The totals shown above represent only the half year period during which CAMcare submitted electronic data. (Note: For Dover Community Clinic, the value of total LOA visits was imported from the electronic database with some errors in it. Correction had been made based on the funding.)

Table 2

Uninsured Patient Visits by CPHCs July 1, 2004 – June 30, 2005			
Centers for Primary Health Care	Total Uninsured Visits	Total LOA Visits	
CAMcare Health Corporation (Camden)	16,165	11,942	(74%)
Community Health Care, Inc.(Cumberland)	20,238	20,236	(100%)
Dover Community Clinic (Morris)	4,771	4,918	(100%)
Eric B. Chandler (Middlesex)	27,283	17,689	(65%)
Horizon Health Center (Hudson)	11,150	8,337	(75%)
Henry J. Austin Health Center, Inc(Mercer)	16,868	9,038	(54%)
Jewish Renaissance Medical Center, Inc. (Middlesex)	3,912	3,207	(82%)
Monmouth Family Health Center (Monmouth)	4,026	3,495	(87%)
North Hudson CAC Health Center (Hudson, Passaic)	61,206	53,074	(87%)
Newark Community Health Centers, Inc (Essex)	28,180	14,214	(50%)
Ocean Health Initiatives, Inc. (Ocean)	6,035	5,761	(95%)
Patterson Community Health Center (Passaic)	21,613	12,554	(58%)
Plainfield Health Center (Union)	29,823	25,470	(85%)
Southern Jersey Family Medical Centers (Atlantic, Salem, Burlington)	27,717	17,961	(65%)
VNA of Central Jersey Community Health Center (Monmouth)	6,389	4,724	(74%)
Total	285,376	212,620	(75%)

The third tier of centers consisted of those with the smallest number of LOA visits such as Horizon Health Center (8,337), VNA of Central Jersey (4,724), Ocean Health Initiatives (5,761), Jewish Renaissance Medical Center (3,207) and Atlantic Health Initiatives (1,367). Generally, these centers had fewer and/or smaller facilities or had participated in the program less than twelve months. The latter category of new centers included Dover Community Clinic (4,918) and Monmouth Family Health Center (3,495). At the end of year 2004 the Department broke new ground in establishing Dover Community Clinic as the first CPHC in Morris County.

The system for reimbursing CPHCs for uninsured patient visits was developed in 1992 with several modifications over the years. In an effort to redesign the reimbursement methodology, a major initiative was undertaken in SFY 2004. The following section covers the Department's efforts to revamp the system of reimbursements to CPHCs and other policy improvements.

SFY 2005 Policy Initiatives

The Department of Health and Senior Services commissioned the Rutgers University Center for State Health Policy to (1) review New Jersey's existing Uncompensated Primary Care Program relative to other states; (2) analyze the existing reimbursement methodology; (3) consult with financial analysts and auditors; and (4) develop options for reform of the system of payment to participating health centers.

The reimbursement methodology dating from the early 1990s was premised on paying only for uninsured visits above a pre-existing level of uninsured visits for health centers entering the program at that time. The intent was not to displace federal funds with new State funds. The pre-existing uninsured visit threshold came to be called the "baseline" deduction.

With the inclusion of new centers into the program, this approach became inequitable. For new centers, baselines were often set arbitrarily and were not subsequently adjusted. In proffering multiple options for reform, Rutgers recommended elimination of baselines. For SFY 2006 baselines have been eliminated. Because of the fixed amount of funding available for uninsured visits and to account for federal grant support and enhanced Medicaid reimbursement rates to federally qualified health centers (FQHCs) and FQHC Look-alikes, the amount reimbursed per eligible uninsured visit was established at a preset level.

Early in SFY 2005, a computer-based billing and reporting system was designed. The new system replaced an inadequate manual billing system for the New Jersey Uncompensated Primary Care Program. Over subsequent months, the new electronic billing and data collection system was enhanced to "adjust" to the variety of Patient Management Systems (PMS) used by the CPHCs. Upgrades were made to include data sets for patient diagnoses, the elimination of ineligible patient visits, and various other data elements recommended by centers and program staff.

By year's end, the new system included information from CPHCs for more than 800,000 CPHC patient visits. Program staff had data upon which more accurate projections could be developed. Computerized information on patient diagnoses, visits, age, gender, ethnicity and more is now available for analysis, program and fiscal planning.

Extensive training and on-site technical assistance was provided to CPHC management and staff on the use of the system, especially reconciliation and re-submission features. In part due to varying computerized claim and data submission capabilities, many centers struggled to meet the new requirements. However, by June 2005, 15 of 17 centers had successfully converted to the computerized billing and reporting system.

State Fiscal 2006 Progress Report (July – December 2005)

New Legislation

In September 2005, Governor Richard Codey signed into law Senate Bill 2260 sponsored by Senators Wayne Bryant and Nia Gill. This landmark legislation established for the first time a dedicated source of funding for CPHCs. Since 1992, CPHCs have received funding from an annual .53 assessment on the operating revenue of New Jersey's hospitals. In recent years, this assessment has been level at $11 million annually. The new legislation sharply increases annual funding from $11 million to $35 million for fiscal years 2006 and

2007. In addition to sustaining basic medical and dental services to New Jersey's uninsured population, the new legislation maintains the momentum of previous years by establishing the financial basis for the creation of more new access points and provides additional protection of major investments made in 2004 and 2005. The legislation was timely. The ranks of New Jersey's medically uninsured grew significantly since the beginning of this decade. Currently, over 1.3 million New Jerseyans are uninsured at any given time.

New Access Point Development

At the beginning of SFY 2006, the Department awarded $4.7 million in funding to establish nine new access points throughout New Jersey. The latest round of expansion includes the establishment of new delivery sites at Clementon, Glassboro, Paulsboro, Burlington City, Mt. Holly, Absecon, Keansburg, Red Bank and Cape May Court House. In establishing new access points in Mt. Holly and Absecon, Southern Jersey Family Medical Centers implemented a new "Health on Wheels" Program whose central feature is the deployment of a mobile van. Such an approach appears to be especially well-suited to covering a wide geographical area that contains "pockets of poverty". The proposed mobile vans are not makeshift affairs. Rather, they are well-equipped, attractive units that meet the best standards. Southern Jersey's two "Mobile Medics" commenced operation in February 2006. The Department will pay particular attention to the evolution of this approach in addressing unmet need.

CAMcare Health Corporation's three sites, including its new Gateway Health Center, currently provide ample access to care for the residents of Camden City. However, the majority of Camden County's low income population resides outside of Camden City. The new access point for Clementon on the Route 30 Corridor (White Horse Pike) will extend CAMcare's presence 15 miles south and eastward. CAMcare's second new access point will be located in Paulsboro (Gloucester County).

The VNA of Central New Jersey will expand access to primary care health services for low income persons residing in Monmouth County's shore communities. Their new sites will be located at Keansburg and Red Bank. For the southern shore communities, Community Health Care, Inc. opened new delivery sites at Glassboro (Gloucester County) and Cape May Court House. The latter new access point is the Department's first site in Cape May County.

Further, additional expansions are anticipated in SFY 2006. They include North Hudson CAC Health Center's new access point at Garfield (Bergen County), Atlantic Health Initiatives new facility on Baltic Avenue in Atlantic City, NORWESCAP's new facilities at Phillipsburg (Warren County) and Newton (Sussex County), Southern Jersey's dental center at New Lisbon (Burlington County), Eric B. Chandler's Church Street center in New Brunswick and Newark Community Health Centers' new center in Orange (Essex County).

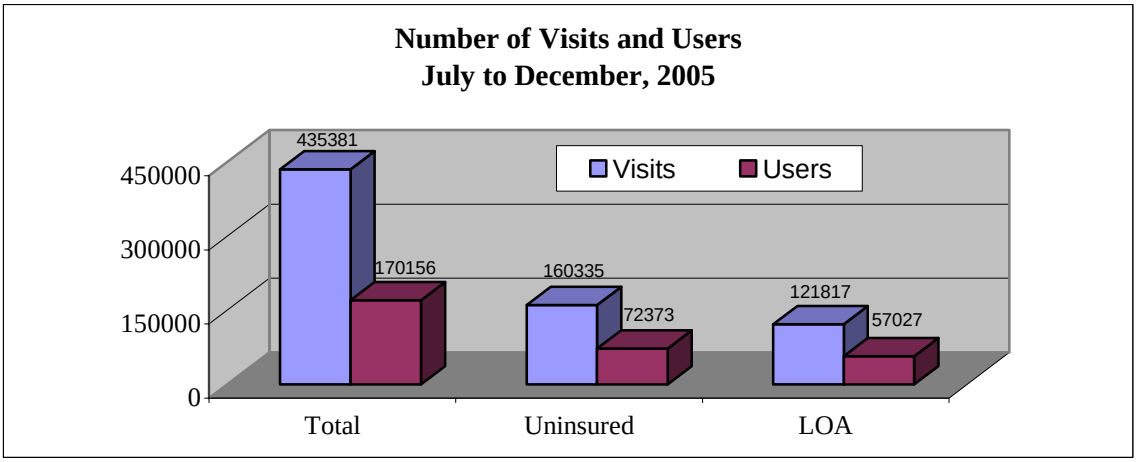
When these sites are completed and placed into operation, the total number of CPHC delivery sites will rise to 75 statewide.

CPHC Services (July – December 2005)

During the first six months of SFY 2006, the number of patients served and the volume of visits increased sharply compared to the first six months of SFY 2005. The number of uninsured patients and LOA patients increased 32 percent and 39 percent,

respectively. The six month comparison for uninsured visits and LOA visits reflects increases of 28 percent and 37 percent respectively. (Data for SFY 2006 reflects an additional three centers reporting data). Figure 14 provides SFY 2006 users and visits data for the three major categories of patients.

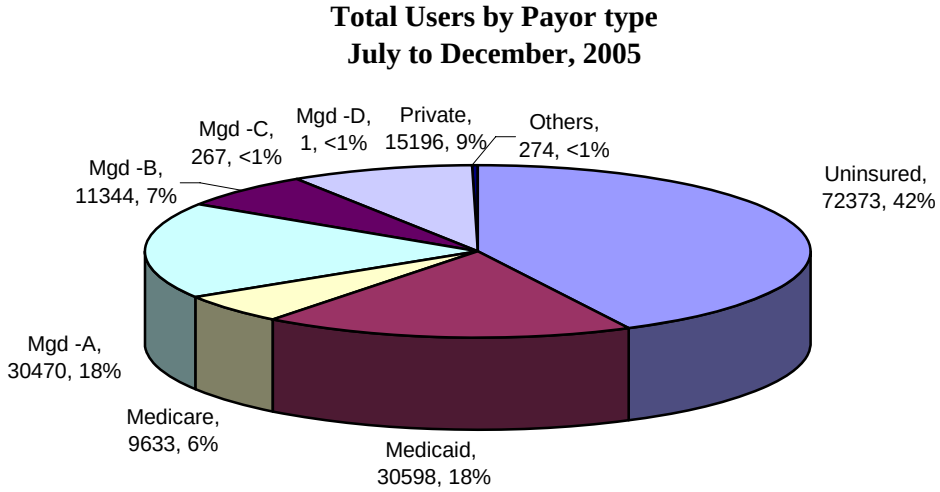
Figure 14



Patients by Insurance Coverage (July – December 2005)

Figure 15 indicates the insurance status of patients during the first six months of SFY 2006.

Figure 15



The two leading categories of patients by payor type were Medicaid and uninsured. The percentages were nearly equal for each type at 42.7 percent for Medicaid, including Mgd-A, Mgd-B and Mgd-C, and 42.5 percent for the uninsured.

Patient Visit Diagnosis (July – December 2005)

Figures 16 and 17 show the eight leading diagnoses for the first six months of SFY 2006 for uninsured visits and LOA visits, respectively.

Figure 16

Top Eight Diagnoses, Uninsured Visits
July to December, 2005

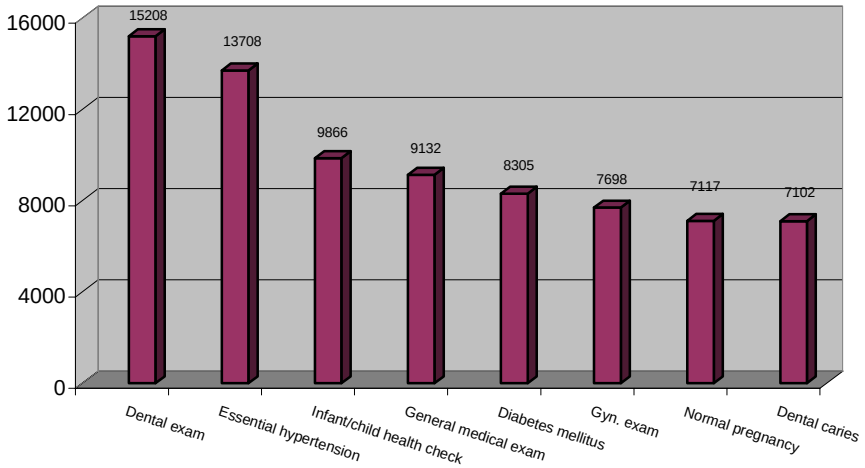
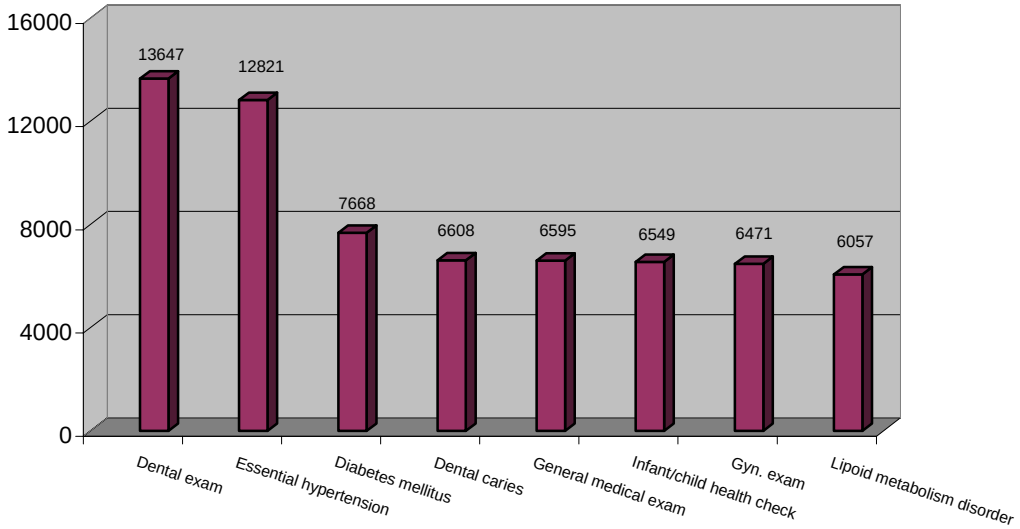


Figure 17

Top Eight Diagnoses, LOA Visits
July to December, 2005



Along with dental exams, hypertension and diabetes are two diagnoses that figure prominently among the eight leading diagnoses.

Reimbursed Care and Projected Reimbursements for the Periods July – December 2005 and July 2005 – June 2006

During the first sixth months of SFY 2006, CPHCs were reimbursed $12,226,661. For the full fiscal year, CPHCs are projected to be reimbursed $31,033,650 including Medicaid denials and specialty referrals. Table 3 reflects projected patients, uninsured visits, growth rate of visits and the cost of reimbursing visits for three consecutive years.

Table 3

Projected Growth in Patients and Visits

SFY	Patients	Uninsured	Visit Growth Rate	Cost
2006	116,668	326,670	8.2%	$31.03 million
2007	120,751	338,103	3.5%	$32.12 million
2008	123,770	346,556	2.5%	$32.92 million

Recent Annual Performance (2005)

Table 4 is abstracted from Uniform Data System (UDS) data submitted to the federal government annually and reflects the total number of patients served by payor type. The number of uninsured was by far the largest category followed by Medicaid. The total number of uninsured nearly equals the combined total for Medicaid and Medicare patients. This data underscores the critical role the Department's assistance to CPHCs along with federal support plays in meeting the needs of uninsured New Jersyans served by CPHCs.

Three of the centers shown below (AtlantiCare Health Services (AHS), Newark Health Department (NHHC) and Our Lady of Lourdes' Project H.O.P.E (HOPE)) are health care to the homeless projects. These organizations receive Department support through a health service grant.

Table 4

Patients by Payor Type 2005

	Medicaid	Medicare	Uninsured	Other	Total
AHS	565	155	1,087	0	1,807
AHI	6,409	703	1,335	3,839	12,286
CamCHC	16,562	4,952	10,892	3,653	36,059
CHC	10,430	1,032	9,036	1,536	22,034
EBC	6,100	520	7,524	196	14,340
HJA	7,445	725	5,801	795	14,766
HHC	8,190	153	4,862	1,472	14,677
JCMC	10,188	1,610	17,248	1,668	30,714
JRMC	1,318	117	2,044	273	3,752
NCHC	7,204	1,102	9,782	1,569	19,657
NHHC	919	0	2,035	26	2,980
NHCAC	19,474	974	22,174	2,890	45,512
PCHC	6,478	623	8,267	2,084	17,452
PHC	9,023	884	10,881	1,713	22,501
SJFMC	11,702	846	13,434	3,013	28,995
MFHC	4,874	670	3,504	510	9,558
VNA	3,243	331	3,190	175	6,939
DCC	222	19	4,990	0	5,231
OHI	3,255	413	4,853	4,967	13,488
HOPE	477	21	560	10	1,038
TOTAL	134,048	15,850	143,499	30,389	323,786

Source: New Jersey Primary Care Association

Commissioner's Asthma Initiative

In addition to expanding access to care by establishing new delivery sites, the Department is interested in assisting CPHCs to improve the delivery of care and care outcomes. In this regard, the Department sponsored a statewide asthma collaborative last fall. The New Jersey Asthma Collaborative builds upon the federal Bureau of Primary Health Care's goal to eliminate health disparities among the nation's underserved racial/ethnic groups by encouraging federally qualified health centers to participate in groups focusing on a particular disease. The new groups, termed collaboratives, seek to improve the treatment of a specific chronic disease through the implementation of a new care model that includes systemic data collection, measurement of care against established standards and dissemination of results.

In September 2005, at the Department's first asthma summit, Commissioner Fred M. Jacobs, M.D., J.D. introduced the promising initiative. The summit served both as an orientation and kick-off event. Sixteen CPHCs subsequently agreed to participate in the new collaborative. By early December, center teams had been formed and the first major activities undertaken.

Asthma continues to be a major health disparity for the State of New Jersey. The Healthy New Jersey 2010 reports that the hospital admission rate per 100,000 populations for asthma between 1998 and 2003 fluctuated from 370.5 to 447.6 for African American and

214.9 to 269.1 for Latinos. In 2003, the hospital admission rates for African Americans and Latinos are 1.7 and 1.8 times above the 2010 objective.

Governor's Pharmacy Discount Initiative

Much of the current practice of medicine involves the use of prescription drugs either to cure acute infections or to better manage chronic diseases. Yet for the poor or uninsured patient, simply acquiring needed medications can prove to be a daunting task. The cost of prescription medications continues to rise at a rate that well exceeds the consumer price index and their high cost has become a systemic problem that defies easy resolution.

To address the inability of the medically underserved to obtain prescription medications through federal programs, in 1992 Congress enacted Section 340-B of the Public Health Service Act. This act enabled certain providers including CPHCs to acquire outpatient drugs at a steep discount. However, participation in the program is not automatic. To be enrolled, eligible providers known as "covered entities" must apply to the Pharmacy Affairs Branch of the U.S. Department of Health and Human Services.

While the program offers such benefits as reduced prices for medications, an expanded drug formulary and improved treatment plan compliance, as of last fall only five CPHCs participated in the 340-B discount pharmacy program. Implementing a 340-B program does require substantial effort on the part of the applying organization including deciding which operating model is best (in-house, contract pharmacy or other model), meeting 340-B compliance requirements and avoiding program prohibitions, as well as developing procedures and policies for formulary management, quality improvement and price setting.

In October 2005 the Department hosted a workshop designed to sharply increase the number of CPHCs participating in the 340-B Program. At this workshop, Commissioner Fred M. Jacobs, M.D., J.D. announced the goal of having each CPHC not currently participating in the program to begin doing so within the current fiscal year. To facilitate participation the Department in collaboration with the Health Resources and Services Administration provided each CPHC with free consulting services. At the October workshop CPHCs met with assigned consultants and began the process of understanding their patient mix and analyzing the program model that is likely to work the best.

Cervical Cancer Prevention Initiative

In 2004, the Department participated in a public/private partnership which enabled the acquisition of seven mammography systems which, in turn, were placed at six CPHC sites. In 2005, the emphasis on cancer prevention, in this instance cervical cancer prevention, was continued. In collaboration with the Chronic Disease and Prevention Unit within the Division of Family Health Services, one colposcope and staff training was provided to each of fifteen CPHCs. A colposcope is used to examine the vagina and cervix in instances of an abnormal Pap test.

While among New Jersey residents cancer of the cervix has been declining in recent years, diagnosis of precancerous lesions has increased significantly since 2005. The provision of colposcopes is intended to assist CPHCs in the detection of precancerous growths, at an early stage, where treatment is more likely to be effective.

Conclusion

In summary, the number of uninsured across the nation has grown from just under 36 million in 1990 to 43 million in 2004, while 1.3 million of those uninsured reside in New Jersey. New Jersey is seen as a national leader to increase both the affordability and accessibility of health insurance coverage to the vulnerable populations. Since 1992, the number of CPHCs has grown from 10 to 16 (see the following list of CPHCs). New access points continue to be established in SFY2006. By June 30, 2006, 19 of 21 counties (except Hunterdon and Somerset) in NJ will have access to CPHCs.

16 CPHCs in SFY2005:

Atlantic Health Initiatives, Inc.
CAMcare Health Corporation
Community Health Care
Dover Community Clinic
Eric B. Chandler Health Center
Henry J. Austin Health Center, Inc
Horizon Health Center
Jewish Renaissance Medical Center,Inc.
Monmouth Family Health Center
Newark Community Health Center, Inc.
North Hudson Community Action Corporation Health Center
Ocean Health Initiatives, Inc.
Paterson Community Health Center
Plainfield Health Center
Southern Jersey Family Medical Centers
VNA of Central Jersey Community Health Center